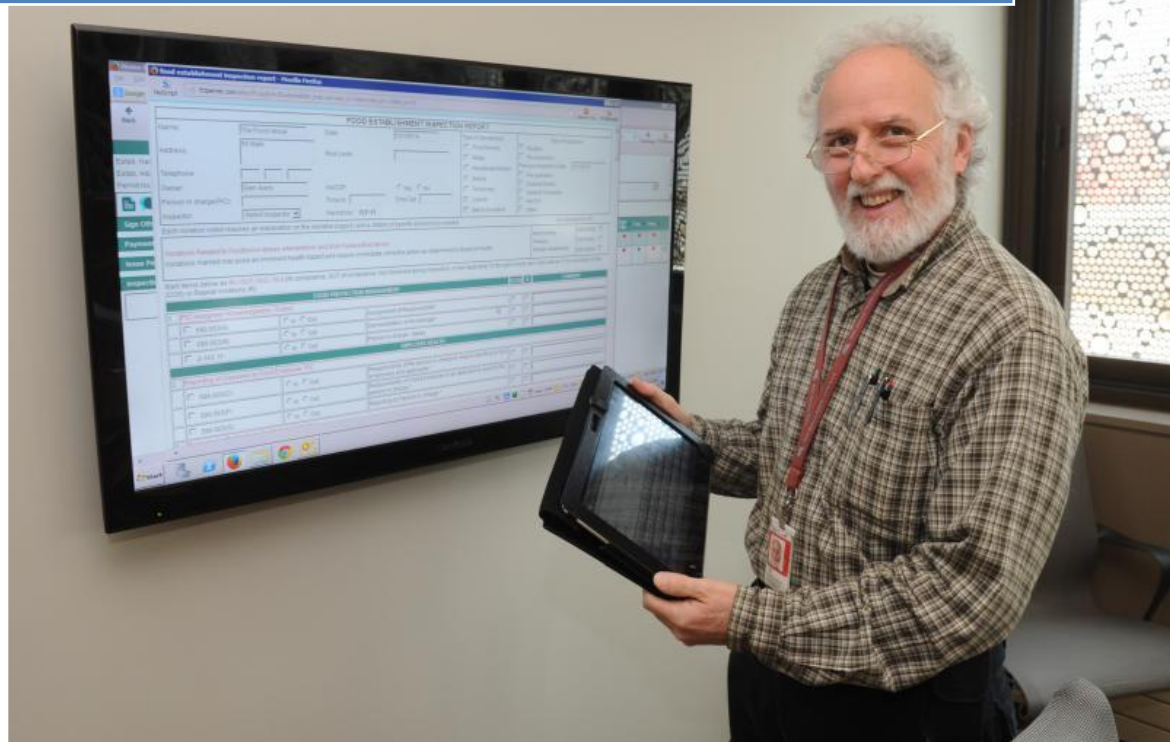


Health District E-Permitting and Expansion:

Cooperative Public Health Service Implementation Report



A Community Innovation Challenge Fund Grant serving the towns of: Buckland, Charlemont, Conway, Deerfield, Gill, Hawley, Heath, Leyden, Monroe and Shelburne

Franklin Regional Council of Governments

12 Olive St, Greenfield MA 01301

4/1/2014



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Franklin Regional Council of Governments

Secretary Glen Shor
Executive Office of Administration and Finance
State House, Room 373
Boston MA 02133

April 15, 2014

Dear Secretary Shor,

It is my pleasure to submit this final implementation report on the work done under a Community Innovation Challenge grant to expand the scope and size of the Cooperative Public Health Service health district here at the Franklin Regional Council of Governments (FRCOG). Public health regionalization continues to be both greatly needed and very difficult in Massachusetts. The Massachusetts Executive Office for Administration and Finance (ANF) is playing a critical role in this work in the Commonwealth by providing some of the necessary funding required to build these partnerships. Thank you so much for the opportunity to continue to strengthen this unique partnership between ten towns and the FRCOG.

Through the CIC grant we were able to undertake two major improvements to the health district. The first objective was to implement online permitting for the towns sharing a regional health agent. The creation of an online portal for license and permit application and payment is a significant improvement in efficiency and transparency for both the towns and business community. The new online permitting program launched in early 2014 and offers residents and businesses 14 different online permitting options, as well as the ability to submit and store important documents such as plans and certifications online.

The second objective of the grant was to increase the size of the district to include the towns of Shelburne and Leyden, bringing the total members to ten, or just less than 40% of the county's towns. The addition of these two new towns brought great improvements in public health protections and service provision in the new towns, and strengthened the district greatly.

This report details the steps to achieving our objectives and the challenges and solutions we met along the way. We hope it will be useful to other contemplating similar partnerships. We especially want to recognize the great work done by the members of the Boards of Health in Buckland, Charlemont, Conway, Deerfield, Gill, Hawley, Heath, Leyden, Monroe and Shelburne.

Linda Dunlavy
Executive Director

Executive Summary

The Cooperative Public Health Service (CPHS) is a ten-town regional health district based at the Franklin Regional Council of Governments, which serves as the fiduciary agent for the district. The CPHS was planned in 2011 with the support of a Department of Public Health District Planning Grant and created in 2012 with an implementation grant from the Community Innovation Challenge grant funds.

The FRCOG received the 2013 CIC grant for a two-fold expansion of the district. The grant supported the expansion of the district from eight to ten towns, covering transition costs and subsidizing the first year of the program costs for the towns of Leyden and Shelburne. CIC funds also supported a major expansion of scope for the district, with the creation and implementation of an online permitting program for public health permits and licenses.

The project's steps to implementation and service outcomes are detailed in this report. Both the expansion of scope and the expansion of size were successful, but there were significant challenges to implementing the online permitting that we hope will be instructive to others considering similar projects. These challenges were in the area of technology adoption in a rural area with a great deal of volunteer boards and limited internet access in some communities.

In sum, CIC funding provided critical support for the strengthening of this vital and successful new regional collaboration.

Section I: Partner Communities

The two-fold purpose of this CIC grant was to: (a) Expand the health district by two towns to a total of ten towns; and (b) To implement online public health permitting for all towns sharing the health agent. The CPHS's partner communities and organizations, and the roles played by each in the implementation process of this grant are listed below.

Franklin Regional Council of Governments (FRCOG): The FRCOG is the host agency for the district. FRCOG organized district oversight board meetings, wrote the CIC expansion grant (and other grant applications), conducted performance measurement, supervised interns and the staff, and managed the funds and reporting.

- The Director of Community Services provided project management, grant writing, and staff supervision in-kind to the district. She also organized Oversight Board meetings.
- The Regional Health Agent and Public Health Nurse provided the direct services to the new towns and were funded out of a mixture of municipal and grant funds.
- The Regional Health Agent and FRCOG's Cooperative Building Inspection Program Software and Zoning Assistant provided extensive design, testing, and technical assistance to users for the online permitting software.

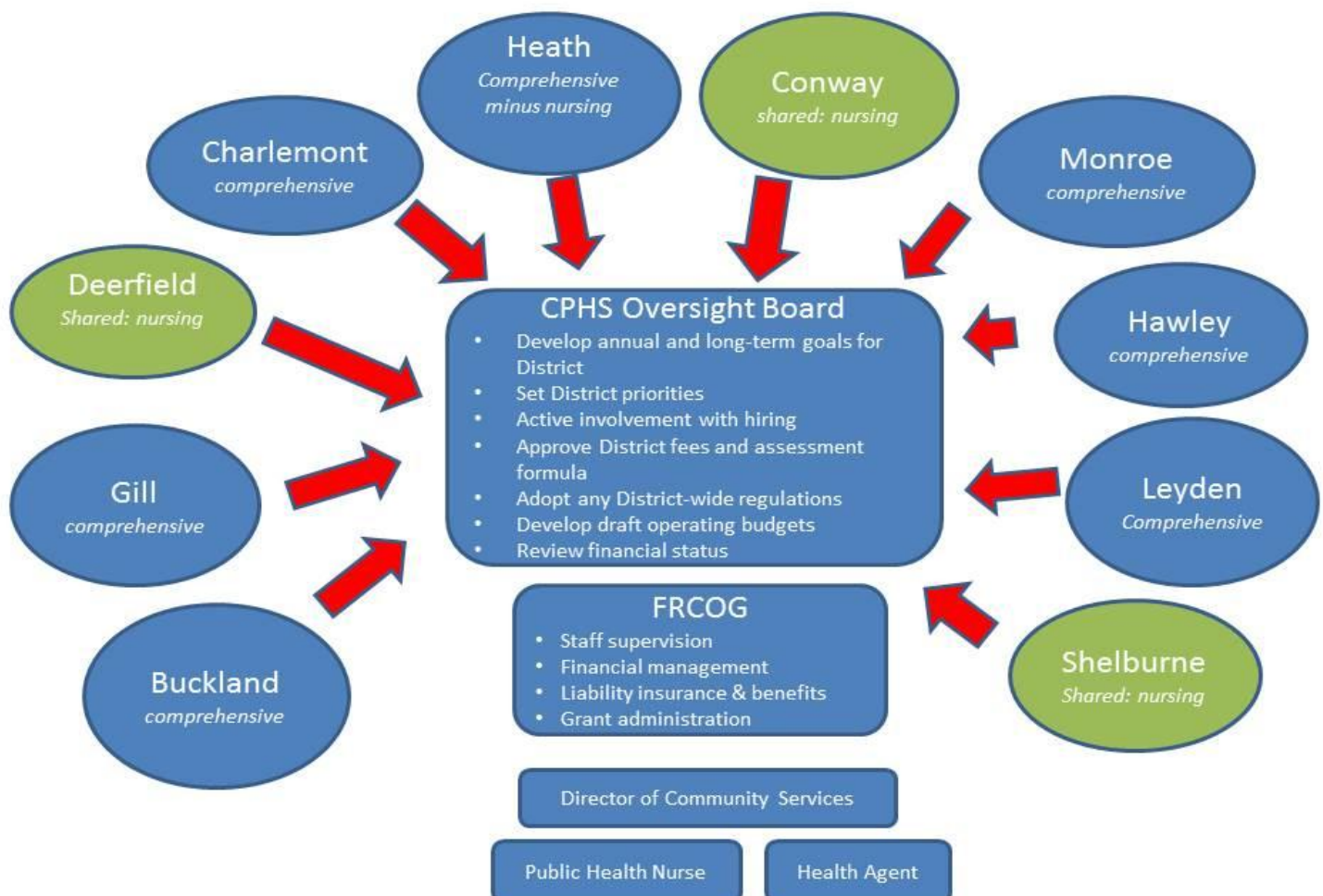
The Towns of Charlemont, Deerfield Monroe, Hawley, Gill, Buckland, Conway and Heath: These eight towns participated in health district oversight, and signed on to the CIC expansion grant. During the initial implementation period, all of these towns appointed representatives to the Oversight Board and signed Inter-Municipal Agreements (IMAs) with the FRCOG. Members of the Boards of Health from Charlemont and Gill served as Co-Chairs of the Oversight Board during the period of this grant. Based on their need for professional support, towns have the option of joining the health district as either "comprehensive" or "shared services" members. Comprehensive members participate in all of the four public health programs offered: Title 5/Private Well, Food Safety, Community Sanitation and Public Health Nursing. Shared services members join for some but not all of the four programs. Conway and Deerfield are shared services members of the district for nursing and Heath is a member of all three health inspection programs (Title 5 and Private Well, Food Safety, and Community Sanitation), as they have their own public health nurse. The other towns are comprehensive members.



The Towns of Leyden and Shelburne: These two towns joined the district during this grant period. Leyden is a comprehensive member and Shelburne a shared services member for nursing. Both towns appointed representatives to the Oversight Board and signed IMAs with the FRCOG.

Full Circle Technology: designed and hosted the online permitting software that was purchased and implemented with this grant.

Governing Structure: All CPHS member communities appoint representatives to the CPHS Oversight Board, which meets monthly. The Board has Co-Chairs elected annually by their fellow Board members. The Co-Chairs are empowered to act for the full Board between meetings, and has a voting structure that allows for full participation by all members while still ensuring that towns only vote on those matters in which they have a stake. For more information on the structure and composition of the Board, see the Operating Procedures – Attachment A in Section 7, Regionalization Documents. Please see the organizational chart below.



Section 2: Goals

The goals of this grant were to achieve the two major objectives of our expansion proposal and the primary objective of our initial funding to create the health district: to continuously improve public health performance for member towns.

E-Permitting Objective : to create and implement online public health permitting software that allows for online submission of, payment for and storage of all septic, food, tobacco, private well and other permit applications, online storage of septic plans, tracking of septic system service requirements, and more. The online permitting would be used by those district member towns that take part in the health inspection comprehensive and shared services (there are no permits associated with the public health nursing shared services). Please see Attachment C, e-permitting logic model for more detail.

Expansion Objective: to expand the size of the CPHS by covering transition costs for two new towns joining the district, Leyden and Shelburne. Please see Attachment B, expansion logic model, for more detail.

Section 3: Implementation Plan

A. Expansion of the District

Initial Steps (prior to grant application):

- Meeting with Board of Health members for both towns
- Submitting the district's Intermunicipal Agreement to the new towns for consideration
- Pulling together data on each of the new towns' prior spending on public health to create a price for joining the district. These numbers were very low (\$500 and \$1200 dollars for Shelburne and Leyden, respectively), thanks to the CIC funding, in order to strongly encourage participation.
- Meeting with Select Board and a Board of Health representative

Early integration of the new towns into the district:

- Each Board of Health appointed a representative to the health district Oversight Board. Although the grants were not released until April, these representatives were welcomed to the meetings as soon as the towns voted to join the application in November, in order to not lose momentum for participation in the communities.
- Each new Board of Health was given a packet of information with all of the district's regional policies and regulations, and the Health Agent worked with the towns to review, tweak and adopt the relevant ones for their towns.
- The Health Agent began the process of making connections to food service establishments in the comprehensive district member town, Leyden.
- The Leyden Board of Health adopted the same fee schedule as two of the other CPHS towns.
- The Public Health Nurse registered with the Department of Public Health as the [Massachusetts Virtual Epidemiological Network](#) (MAVEN) contact for both new towns.
- The Health Agent sent a letter to all septic engineers, septic installers and septic system inspectors to notify them of his taking over Title 5 responsibilities for the town, and what the procedure would be for getting work done.
- The Public Health Nurse reached out to the Councils on Aging, Senior Centers, and Emergency Dispensing Site planning groups in each of the new towns.

- The Public Health Nurse identified town newsletter/website contacts for the two new towns.
- The Public Health Nurse arranged for a new wellness clinic to take place at the Shelburne Falls Senior Center on a monthly basis.
- The Health Agent worked with the Leyden Board of Health to make an incremental transition in the code enforcement work over the next six months.

Full expansion of the district:

By mid-summer to early fall of 2013 the expansion of the district was complete. For more information on what services were provided for the two new member towns, see Section 6, Outcomes.



CPHS Board of Health member Deb Coutinho and local farmer Norm Davenport install one of the district's Lyme Disease Prevention trailhead signs

B. Implementation of Public Health E-Permitting

The implementation of the Cooperative Public Health Service's CIC-funded online permitting software was a lengthy and complicated process.

Initial Steps (prior to grant application):

It is important to note for others engaging in this process in the future, that our process did NOT include software procurement. Two years ago the FRCOG's 15-town Cooperative Inspection Program contracted with Full Circle Technologies to provide online building, plumbing, and electrical permitting and inspection software. When the FRCOG's health district became interested in offering a similar service to its residents and businesses, we decided to build off of the large amount of background work that had already been done. This included:

- Creating a database with the map and lot number, owner information and address for each parcel in the participating towns. Close work with Town Assessors was required for this step. This was already complete for six of the seven towns using the e-permitting. The town of Monroe, population 122, does not participate in the regional building, plumbing, and electrical inspection program, so its data was not available and had to be imported.
- We also met with the software consultants to review the existing public health permitting package that they provide to health departments in Massachusetts and New Hampshire.
- Finally, we got a price from Full Circle for installation and maintenance for both the online public health permitting program and a field inspection package that would allow food inspections to be done on a tablet and synced to the software. We applied for CIC funding only for the former, but later received funding for the tablet through the FRCOG's District Local Technical Assistance grant.

Early Planning:

- We worked with Town of Monroe to integrate Assessors data for the Town into Full Circle's existing database.
- Our proposed model e-permitting system was based on the assumption that all the district's towns would charge the same amount for the same permits. This was not true up until this grant was received. We began discussion with health district Oversight Board about fee schedules – the first step involved entering all the different fee schedules for the seven towns into one spreadsheet. We then calculated the average cost of providing the service the permit represents, based on the hourly cost of the Regional Health Agent, and



Regional Health Agent Glen Ayers demonstrating the online permitting program and tablet for field inspection work

compared that figure to the figures for each town. The proposed uniform fee schedule was an agenda item for each Oversight Board meeting for months, with complex negotiations required to reach consensus on one set of fees.

- The Regional Health Agent gave the software consultants a copy of every permit application form that he uses, and we began months of telephone conference calls to look at proposed versions of the permit applications and permit documents.

Testing:

- To test the software, both staff and local officials created false identities and attempted to apply for permits. We also all tested the role of the local official in signing off on permits.
- During this period we also created two different User Guides, one for local officials and one for applicants.
- UniPay Gold worked with the software consultant and each of the towns to set up the system for online payment of board of health fees directly to the town.

Full Implementation:

After a few months of testing by both staff and board of health members, we went live on 1/29/14. Please see the outcomes section for a table of the public health permits managed by the system, and what associated functions it performs.

Section 4: Budget

Below is the budget submitted with our CIC grant application. The budget was developed based on estimating the number of hours per week staff would need to spend on each of the two major tasks, and then calculating the operating costs that would be associated with that amount of work. All three of the staff people were already employed by the FRCOG. Major changes in what was planned and what was actually expended were as follows:

- The e-permitting project ended up needing nearly twice the amount of time from the Software Technical Assistance staff person than originally imagined.
- Thanks to the receipt of a District Incentive Grant from the Department of Public Health, we did not use all the intended travel funding, and so were able to purchase additional public health nursing supplies for the new towns.

	Grant Request	E-permitting	Expansion
	Budget	task	task
PERSONNEL:			
SALARIES/ Health Agent	15,620	9,372	6,248
SALARIES/PH Nurse	6,926	0	6,926
SALARIES/Software TA	1,810	1,810	0
TOTAL SALARIES/WAGES	24,356	11,181	13,174
OPERATING:			
Communications/IT	900	413	487
Travel	1650	757	893
Printing	250	115	135
Workshop/Meeting Expenses	150	69	81
Postage	300	138	162
Supplies	1,500	689	811
Occupancy	1100	505	595
Indirect*	24,112	11,069	13,042
OPERATING EXPENSES	29,962	13,755	16,207
EQUIPMENT:			
Software	14,000	14,000	
EQUIPMENT TOTAL	14,000	14,000	0
GRAND TOTAL	68,317	38,936	29,381

*Indirect costs are assessed using the FRCOG's federally approved indirect rate. They include: holiday, sick, and vacation time. Retirement system payments, Medicare, State Unemployment, Universal Health, Group Insurance, Long Term Disability Insurance, and Administration.

Section 5: Challenges and Solutions

The online permitting system went live on 1/29/14 for the towns of Buckland, Charlemont, Gill, Hawley, Heath, Leyden, and Monroe. Approximately 45 permits were issued in the first six weeks. As could be expected, we encountered numerous challenges in the implementation of online permitting. Below is a description of the major ones, and the solutions we devised.

Agreeing on a uniform fee structure:

The health district is made up of ten towns, with seven sharing the health agent (see District Organizational Chart, above). Until the e-permitting grant award, each of the seven towns had a separate fee schedule, with different rates for a different set of permits. In order to get the most efficient online structure it was important that the towns agree on just one shared schedule. We began by creating a spreadsheet of the costs in each town for each permit, as compared to the average cost to conduct the work, and presenting a mean permit value for each type of permit. The discussion of adopting the mean fee schedule was politically charged, as some towns would lose revenue from lowering permit fees while others would have to take a significant leap in prices to meet the mean. In addition, some towns that did not charge for certain permits would have to begin doing so.



FRCOG staff meeting with Leyden Board of Health Members to review the e-permitting program

The solution to this challenge was to discuss it at numerous district Oversight Board meetings in a row, and to revisit the schedule once it had been implemented, as problems/concerns arose. Eventually all the towns were able to agree on one fee schedule. These were then brought back to the local boards of health for adoption. The Board, recognizing that some permits would be sought by people doing work in each of the towns, also created a new multi-town district permit for Septic Installers, Septage Haulers and Refuse Haulers. This permit represents a \$400 savings over the cost of seven individual town-level permits.

Overcoming resistance to/unfamiliarity with technology:

Two significant challenges with the online permitting system relate to cultural acceptance, first by the applicants and also, surprisingly by the changes required in Board of Health operations at the local level. For some permit applicants, the use of computerized web-based permitting has required making a technological step that was difficult. Especially for older applicants who do not routinely use computers in their business, acceptance of the application process has been avoided or at least delayed. In the first six weeks we received numerous requests for waivers from the electronic permitting. However, we had decided that all applications were going to be done through the new system. This has meant that some Boards of Health have had to provide tech support to the applicants, something that was never envisioned. In addition, some local Health Boards have also struggled with the electronic permitting process, mostly due to the fact

that the software design is not as visually intuitive or user-friendly as more expensive software systems are.

These impediments have been addressed by providing customer support, both to the BOH members and to the permit applicant. Another way that we are addressing the challenge is by constantly requesting changes to the software (tweaks) that provide improved function, clearer process, or enhanced ease of use. This is an on-going effort and is expected to continue for the foreseeable future as the electronic permitting system evolves. We recognize that we are pioneers in this area. We also have a strong vision for what the system that we are developing will mean to the local Board of Health's ability to store, retrieve, and manage essential public health records. While the process has required more effort and time than initially anticipated, we are confident that the end result will prove to have been worth the investment of time and resources.

Getting Title 5 forms integrated into the software:

This challenge was unique to our geographical location. None of the current vendors of public health e-permitting had developed units that meet the Massachusetts Department of Environmental Protection's licensing and inspection requirements for septic systems, known as Title 5. The solution to this gap was for FRCOG staff to spend a great deal of time explaining the permitting and inspection processes in the area of septic systems to the software developers. These permits require some different utility than the other kinds, and the fine-tuning of creating the e-permitting for this took a great deal of time.

Online payment issues:

In order for the program to be as efficient as possible and provide the best service to residents of the region, it was necessary to offer online payment. We chose to work with UniPay Gold to provide this service, including options for payment with credit cards and checking accounts. This turned out to be a bit challenging, as some of our smallest towns had never worked with the UniPay system in the past. Solving this challenge required additional work with town Treasurers to set up the accounts to receive payments in each of the towns. While UniPay representatives did most of this work, we learned that we could have prepared the Treasurers better through earlier outreach.

In addition to the technological challenges of online payment, some Board of Health members had considerable concerns about online payment convenience charges. This required discussion and negotiation at several Oversight Board meetings. We resolved the issue by posting clear language on the website that warned users of the convenience charges ahead of time, and notified them that fees for checking account transfers were dramatically cheaper than credit or debit cards.



CPHS Public Health Intern Katelynn Venne installing a Lyme Disease sign at Mt. Sugarloaf in Deerfield

Challenges and Solutions in the integration of the two new towns:

Thanks to the work done in advance of the grant and during the early stages of implementation, there were no unexpected hurdles encountered while integrating Shelburne and Leyden into the district.

Section 6: Outcomes

As above, the outcomes listed below are broken down into e-permitting and district expansion outcomes.

Public Health Service Outcomes:

In the course of the nine months that the grant was active, the district provided the following services to the town of Shelburne, the new shared services member of the district, and the town of Leyden, the new comprehensive member of the district:



Public Health Nurse Lisa White seeing a resident in the Nursing Office at Deerfield Town Hall

- The Public Health Nurse completed all state-mandated infectious disease investigation, reporting and case monitoring. Follow-up was provided as needed for 24 reported incidents of communicable disease in Shelburne and 1 in Leyden.
- The Public Health Nurse provided coordination for the Shelburne Falls Senior Center Flu Clinic serving 152 total people, including 70 Shelburne residents.
- CPHS held eight monthly walk-in wellness clinics at the Shelburne Falls Senior Center where 25 area residents made 56 visits with the nurse for health screening services. The Nurse also made visits to home-bound residents.
- Health self-management supplies such as pill sorters, files of life, and hand sanitizer were distributed to residents at wellness clinics.
- The Public Health Nurse supported planning and implementation of the Mohawk Emergency Dispensing Site Flu Clinic, at which 90 people were vaccinated for flu, pneumonia and tetanus/diphtheria.
- The Nurse offered all Shelburne and Leyden residents mercury thermometer exchange, sharps disposal and sharps container exchange in collaboration with the Franklin County Solid Waste Management District.
- Health district grant funding paid for Lyme disease prevention materials for both towns, including a bus sign on the Shelburne Falls FRTA route, local newspaper ads, tick identification cards and the posting of 15 Lyme Prevention trailhead signs in Shelburne and 6 in Leyden.

- Staff worked with Representative Paul Mark and the Massachusetts Department of Environmental Protection (DEP) to clarify and improve the process for approving Transient Non-Community public water supplies for small businesses which use wells, a matter of importance for some Shelburne businesses.
- The Health Agent conducted 13 Title-5 (septic) related activities including Soil Evaluations for on-lot septic systems, septic system plan reviews including site visits, final inspections or re-inspections of septic system installations, and preparing Certificates of Compliance.



State Representative Denise Andrews receives her annual flu shot at the CPHS flu clinic in Gill

- CPHS grant funds paid for 2 Leyden Board of Health members to attend the Mass Assn. of Health Boards BOH Certification training;
- The Health Agent assisted the Leyden Board of Health with 1 retail food inspection, 1 summer camp inspection, and 1 outdoor swimming area inspection.
- The Health Agent provided technical assistance to the Leyden Board of Health in order to pass local septic regulations, private well regulations, and regulations for the hiring of outside consultants. The Health Agent also provided technical assistance to the Leyden Board of Health with the implementation of their local septic regulations and private well regulations, including assisting homeowners to test their well water at the time of property transfer;
- The Public Health Nurse assisted the Leyden Board of Health to hold an all-ages community flu vaccination clinic serving 35 residents.

Online permitting system outcomes:

Type of Public Health Permit	What the software tracks
Food Establishments (Restaurants and cafeterias, Retail Food Establishments, Caterers, Mobile Food Wagons, Farm Stands, and Temporary Food Service)	Permits, Permit payment, Inspections, Inspection results
Swimming Pools	Permits, Permit payment, Inspections, Inspection results
Camps -Family and Recreational	Permits, Permit payment, Inspections, Inspection results
Motels/Hotels/B&B/Mobile Home Parks	Permits, Permit payment, Inspections, Inspection results
Septage and Garbage Haulers	License renewal date, Payment for license. New: option to choose a multi-town regional permit
Septic Systems/ Disposal Works Permit	Permits, Permit payment, Inspections, Inspection results , Upload digital files and plans, Store digital COC package
Perc Tests & Deep Holes	Store digital field reports and pictures, some towns (Heath) perc test permit tracking
Septic Pumping Reports –NOT YET IN SYSTEM but to be added soon	Tracking by date and pop-up if more than 4 pump-outs in 12 month period; store scanned file
Title 5 Inspections NOT YET IN SYSTEM but to be added soon	Inspections, Store digital reports and pictures or links to stored pictures, Automatically produce letters for failed and conditional pass systems. Deadlines for follow up for system: evaluation, component replacement
Wells	Permits, payment, Inspections, Inspection results. Upload final water quality report and certificate of potability
Beavers	Permits
Tobacco Control	Permits, Permit payment
Septic Installer	New: option to choose a multi-town regional permit

There are a number of public health permits that are issued less frequently, and have not been included in the program during this project. These will need to be addressed in a future iteration of the software, and include:

- Noisome Trades / site assignment
- Body Art Practitioner Establishment
- Tanning Parlors
- Cemeteries Site Assignment
- Hazardous Waste Haulers
- Demolition Permits
- Beaches
- Frozen dessert permits
- Milk sales permits
- Bakery permits
- Animals, piggeries, site assignment
- Emergency Pesticide Permit
- Funeral Directors

Contract Deliverables

Our Community Innovation Challenge Fund project agreement included a number of tangible deliverables, all of which were met and provided to the Executive Office for Administration and Finance. These are all available from the FRCOG to interested parties. They include:

- A signed contract with software provider;
- Minutes of meetings of the Oversight Board with new members present;
- A list of Board members with new town reps and alternates;
- Copies of signed Inter-Municipal Agreements;
- A report on summer inspection activity;
- Summary reports on communicable diseases;
- Oversight Board Meeting materials;
- Online permitting copies of permits and fee structure;
- Staff reports on activity from Nurse and Agent;
- Flyers for public health nursing program wellness clinics;
- Written report on online permitting, including links to site; and
- Copies of user training materials

Performance Measurement

During the 2013 grant year, the Cooperative Public Health Service health agent and public health nurse created a set of performance measures that we will track and report on over the next few years. These measures and their targets are reported in the table below, along with the data that was available at the time of reporting.

Measure	Grant Period	Prior Period	Trend	Target
# of types of permits available online	15	0	increase	15
# of “how to” sheets and training documents on the website	2	0	increase	4
% of all permit applications submitted online from 1/1/2014	10% as of 2/14	0	increase	100%
# of regional model regulations/ policies/ fee schedules adopted at the local level with local input	4	3	increase	2 per year
% of recreational camps properly licensed in accordance with state sanitary codes.	100%	100%	stable	100%
# of critical violations found during food inspections	Data gathering in FY15	N/A	N/A	0
# of repeat violations found during food inspections	Data gathering in FY15	N/A	N/A	0
% of reported communicable diseases case report forms processed in accordance with state regulations.	50%	37%	increase	100%
# of services offered by Public Health Nursing Program	6	4	increase	8
# of towns that are district members	10	8	increase	12

Section 7: Regionalization Documents & Resources

- Attachment A: Cooperative Public Health Service Oversight Board Operating Procedures
- Attachment B: Logic Model: Expansion of Size
- Attachment C: Logic Model: Expansion of Scope: E-Permitting

Attachment A: Cooperative Public Health Service (CPHS) Oversight Board Operating Procedures

Adopted May 31, 2012

Article I: Purpose and Duties

The Franklin County Cooperative Public Health Service (CPHS) Oversight Board serves to provide input and oversight to the Franklin Regional Council of Governments' Cooperative Public Health Service. The Board members' duties include:

- Meet on a regular basis
- Update Board of Health regularly on CPHS activities
- Develop annual and long-term goals for the CPHS
- Set CPHS staff priorities
- Be actively involved with hiring
- Establish CPHS fees and assessment formula for the next year
- Endorse any CPHS-wide policies and recommended regulations
- Review, debate, and endorse an annual proposed budget before it goes to the full FRCOG Council for approval.
- Review financial status
- Review and act on reports from staff
- Participate in performance evaluations of staff
- Review potential grant applications
- Bring concerns from member communities to the CPHS and FRCOG staff.
- Meet at least two times per year with town Select Board to update them on CPHS budget and programming, and bring any resulting questions or concerns back to the staff

Article II: Membership

Membership will consist of a representative from the Board of Health, appointed by the Board of Health of each town which participates in any of the shared or comprehensive services. Alternates may be appointed, and are not required to be members of the Board of Health. Alternates and guests are welcome at all meetings.

Resignation and/or change in town's representative is to be submitted in writing to the FRCOG Director of Community Services at the earliest possible convenience.

Article III: Officers

Section 1 Officers shall consist of a Chairman or Co-Chairs. The chair(s) shall preside at all meetings of the Board, and consult with the CPHS and FRCOG staff on the creation of the agenda for each meeting.

- Section 2 Officers will be elected by nomination and vote of the quorum.
- Section 3 Term of office will be for a period of one (1) year, with elections to take place during the last meeting of each fiscal year.
- Section 4 In the event of a vacancy for Chair, the Board shall fill the vacancy at the next regular meeting.
- Section 6 Chair(s) shall have the right to vote and to debate questions the same as any other member.
- Section 7 Chairs shall have the right to authorize grant applications between meetings, as long as the decision is brought to the next Board meeting.

Article IV: Meetings

Regular meetings of the Board shall take place on a schedule determined by the Board, with times set at the beginning of each fiscal year. Special meetings may be called as needed.

Article V: Voting

One municipality shall have one vote, by scope of involvement. Every member shall have an equal voice in determining shared priorities, but only those who use a service may vote on matters specific to that service. In general policy and cross-cutting service matters, each municipality has the same weight to their vote.

Article VI: Financial Decisions

When the CPHS is using an assessment formula, votes for budget related matters will be weighted: weights will match the budget assessment formula, to be set by the Oversight Board and FRCOG through the annual budget process. At that time, any budget-related vote will require a budget-weighted quorum.

Article VII : Procedural Rules

The Oversight Board is subject to the Massachusetts Open Meeting Law. The rules contained in “Robert’s Rules of Order, revised edition” shall govern in all cases to which they are not inconsistent with federal and state law and/or guidelines and these bylaws.

Article IIX: Amendments

These operating procedures may be amended at any regular meeting by a majority vote of the members present. All proposed amendments must be presented to membership, in writing, 30 days prior to the vote.

Attachment B -- Cooperative Public Health Service Expansion Logic Model

Resources/Inputs	Activities	Outputs	Outcomes	Impacts
CIC grant Town Funds Other grant funds Credentialed shared health agent Credentialed public health nurse	Monthly meeting notices with pertinent materials sent to all Oversight Board members Quarterly newsletters sent to all BOH members, not just Oversight Board reps	Meeting notices, budget reports, minutes, newsletters, staff reports, performance measure reports	New towns (and all towns) have engaged BOH members serving on CPHS Oversight Board	Regional public health efforts gain legitimacy
Active oversight board of local Board of Health members FRCOG oversight and administration	Staff draft regional regulations and policies to protect public health	Model regulations are adopted at the local level with local input	Consistent regulations across communities New towns (and all towns) engaged in increased governance activities	Local regulations provide enhanced protection of community public health
	FRCOG hires adequate staff, sets meaningful goals	Credentialed staff available for all district work. Annual performance appraisals	New Towns (and all towns) meeting state and federal public health standards	Improved public health protections for residents
	Staff do the work to meet the performance measures listed in Attachment F Staff track performance measures	Inspections, plan reviews, permits, clinics, communicable disease follow up, public health nursing services		CPHS strengthened : all towns remain members of the district, additional new towns join in FY14

Attachment C: Cooperative Public Health Service E-permitting Logic Model

Inputs	Activities	Outputs	Outcomes	Impacts
CIC funding for Software consultant	Software programming	Final website allows for online permit submission, tracking, and payment for: <ul style="list-style-type: none"> • Recreational camps • Pools • Food establishments • Septic systems • Private wells • Hotels/motels • Tobacco permits • Beaver permits • Hazardous waste haulers 	Boards of Health will be able to track permits, payments, approvals, supporting documents (plans, revisions, etc.), expirations, and anniversary dates.	Increased efficiency
CIC funding for staff time	Explaining desired functionality to software designers, testing functionality		Secure, remote access to essential public health infrastructure documents and records will be available to BOH members from any web-connected computer.	Improved public health outcomes
	Teaching BOH clerks and members how to use the system	“how-to” sheets In-person trainings Information on web site	Boards of Health will be able to build an accessible database of digital records, will be able to search by name, property address, etc., and will be able to forward digital documents via email to applicants, homeowners, contractors, vendors, and the public.	Improved access to data for public, board members
	Outreach to users of system (contractors, businesses, residents)			Improved coordination between boards
				Enhanced permit revenue
				Better emergency preparedness (town public health data on cloud)

In-kind time from FRCOG	Managin g contract with consultan t			

Contact Information

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The CPHS web page and the online permitting program can be found at [FRCOG's website](#).

District Co-Chairs:

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[Randy Crochier](#), Gill Board of Health

E-permitting Contractor:

[Rajan Nanda](#), Full Circle Technology: